## 11030664595

FEC FORM 1

## STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED

2011 OCT -2 AM 10: 03

Office use only

1.	NAME OF COMMITTEE (in full)		(Check if name is changed)		nple: If typying, type the lines	12FF4N	AS CENTER
Lı	STRAT PAC						
ADI	DRESS (number and street)	985	6 Archer Ln	111			
x	(Check if address is changed)	   Pul	olin			OH)	43017
				CITY		STATE	ZIP CODE 🛦
co ×	MMITTEE'S E-MAIL ADDRE (Check if address is changed)		ase provide only one	e-mail ad	dress)		
COMMITTEE'S WEB PAGE ADDRESS (URL)							
	(Check if address is changed)			1 1 1			
2. DATE 0,9 ' 21 ' 20,11,							
3. FEC IDENTIFICATION NUMBER C C00382416							
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)							
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete  Type or Print Name of Treasurer Mrs. Natalie Baur							
Signature of Treasurer Watalul Mau Date 0,9 2,1 20,11							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS							
	Office Use Only				For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)